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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

	First Semester	Second S
DUE	February 1 to County Superintendent	May 10 to County S
DATES:	February 15 to State Superintendent	May 24 to State Sup

emester Superintendent perintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20\_ month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 0452 Clancy Elem 22 Jefferson **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 100 1 1 48 1.80 89 08/18/05 2 100 23 1.80 84 08/18/05 100 1 3 50 1.57 71 08/18/05 100 4 1.57 78 1 38 08/18/05

TR-6 (1/05) Page 1

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	February 1	First Semester to County Supering to State Supering		Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLE	TE THIS CLAIM FO	R STATE REIM	BURSEMENT FO	R SCHOOL	BUS TRANSPORT	TATION:		
This claim	is for the period beginning	month	, 20	_ and ending	month	, 20 day		
CERTIFICATION:								
The information on this form is complete and accurate to the best of my knowledge.								
Date		Signature, Chair, Boar	d of Trustees					
Country		Districts				District Level		

22 Jeffe	rson	045.	3 Whiteha	II Elem			Elemen	ntary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
65	4-47	1	92.5	1.80	89	08/18/05		
65	4-47	2	51.2	1.57	78	None		
65	4-47	3	63.8	1.80	84	08/18/05		
65	4-47	4	56.8	1.80	84	08/18/05		
65	4-47	5	88.6	1.80	84	08/18/05		
65	4-47	6	48	1.57	77	08/18/05		

TR-6 (1/05) Page 1

PI	

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				t
COMPL	ETE TH	IS CLAIM FO	OR STA	ATE REIME	BURSEMEN	T FOR SO	CHOOL BUS TR	ANSPOR	TATION:	:	
This clain	This claim is for the period beginning, 20 : month day						ending	month		20	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District				District Level:				
22 Jeffer	rson		0454	Whiteha	ll H S				High S	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated	Se	Bus Driver's ocial Security #
35	2	1		92.5	1.80	89	08/18/05				
35	2	2		51.2	1.57	78	None				_
35	2	3		63.8	1.80	84	08/18/05				_
35	2	4		56.8	1.80	84	08/18/05	-			
35	2	5		88.6	1.80	84	08/18/05				
35	2	6		48	1.57	77	08/18/05				
'	. '					-	•				

TR-6 (1/05) Page 1

PI

## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	IT FOR SCI	HOOL	BUS TRAN	NSPORTATION:	
This clain	n is for the	period beginning			,	20 and e	ending		<b>,</b>	20
			1	nonth	day			m	onth da	ny
CERTIF	[CATIO]	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
County:			District:						District Le	vel:
22 Jeffer	rson		0456	Boulder	Elem				Elemer	ntary
Percentage # # Route Miles Rate Per Day Per Mile Cap					Capacity	In	spection	Days Operated	Bus Driver's Social Security #	
61	7	1		96	0.95	42		None		
61	7	2		44	1.36	65	08	8/18/05		
61	7	3		75	1.15	59		None		

TR-6 (1/05) Page 1

PI	

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

DUE DATES:		February 1 February 1	to Cou 5 to Sta	ate Superint	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This clain	n is for the	period beginning	3		<b>,</b>	20 and	ending	,	20		
				month	day		1	nonth da	ay		
CERTIFI	CATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:				District Le	evel:		
22 Jeffer	rson		0457	Jeffersor	ı H S			High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
39	1	1		96	0.95	42	None				
39	1	2		44	1.36	65	08/18/05				
39	1 3 75				1.15	59	None				
100	1	4		81.2	1.80	84	08/18/05				
100	1	5		108.4	1.57	78	08/18/05				
100	1	6		88.6	1.57	72	08/18/05				
100	1	7		98.3	1.57	72	08/18/05				

TR-6 (1/05) Page 1

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

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0.95

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M⊺	Г 59620-25		School Bus Transportation -				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester  May 10 to County Superintendent  May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	NT FOR SCI	HOOL BUS TRA	NSPORTAT	ION:	
This claim is for the period beginning								<u>.</u>		
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
County: District: District Level:										
22 Jefferson 0458 Cardwell Elem								Ele	mentary	
Percentage # Route Miles Rate Per Day Per Mile Capa					Capacity	Inspection	Days Operated	. s	Bus Driver's Social Security #	

47

54

08/18/05

08/22/05

TR-6 (1/05) Page 1